

DEPARTMENT OF MENTAL HEALTH

POLICY / PROCEDURE



SUBJECT: VOLUNTEERS	POLICY NO. 600.11	EFFECTIVE DATE 04/01/02	PAGE 1 of 8
APPROVED BY: Original signed by: <input type="checkbox"/> Marvin J. Southard Director	SUPERSEDES N/A	ORIGINAL ISSUE DATE	DISTRIBUTION LEVEL 1

- PURPOSE:**
- 1.1 To establish policy and procedures governing the recruitment, appointment, utilization, reporting of hours and recognition of volunteers in the Department of Mental Health (DMH).
- POLICY:**
- 2.1 DMH programs may utilize volunteers to support and enhance services. Volunteers may be assigned a variety of roles in specific projects or programs for short or indeterminate periods of time.
 - 2.1.1 Volunteer applicants and volunteers will be treated in a respectful, fair, equitable and culturally competent manner.
 - 2.1.2 The DMH Volunteer Coordinator (DMHVC) in the Planning and Program Support Bureau is responsible for management of the DMH Volunteer Program.
 - 2.2 This policy applies to all volunteers including, but not limited to, retired County employees; members of DMH community advisory groups; Guardian Circle visitors; student professional interns (see DMH Policy #106.7, Student Placement in DMH Programs); other students; clients, family members; and interested members of the general public.
- PROCEDURES:**
- 3.1 These procedures are to be followed whenever DMH programs are considering, planning for, or utilizing volunteers.
 - 3.2 The DMHVC will assist programs and operations in various aspects of the recruitment, processing, maintenance and termination of volunteers, acting as a resource for program staff.
 - 3.3 The recruitment of volunteers may include either a general appeal or a targeted recruitment with all potential volunteers referred to DMH programs for consideration. The DMHVC shall:
 - 3.3.1 Maintain volunteer files, monitoring progress;
 - 3.3.2 Compile and maintain a listing of all volunteers;
 - 3.3.3 Maintain files for and a separate listing of volunteers who have committed to work in times of public disasters;
 - 3.3.4 Submit a volunteer statistical and program information report to the

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Chief Administrative Office on a quarterly basis;

- 3.3.5 Volunteer applicants must be interviewed by the DMHVC, (except for student placements defined per DMH Policy #106.7) who will subsequently make an appointment with the DMH Human Resources Bureau (HRB) for the volunteer to be processed.
- 3.3.6 The DMHVC shall notify the Training and Cultural Competency Bureau (TCCB) of the placement of new volunteers. TCCB shall provide orientation training for all new volunteers.

Human Resources Bureau Responsibilities

- 4.1 Volunteers must be officially appointed by HRB upon selection and prior to beginning DMH volunteer duties. This process includes the following:
 - 4.1.1 All volunteer applicants must be fingerprinted. Fingerprint reports for individuals whose volunteer placement are in areas or positions considered sensitive, such as working with children or other such vulnerable populations, must have a clear fingerprint report prior to placement.
 - 4.1.2 Opening a file containing the volunteer's application (Attachment I), signed Oath of Confidentiality (Attachment II), Emergency Contact Information (Attachment III), letters of parental or guardian consent and emergency medical releases (when appropriate);
 - 4.1.3 Issuing a picture identification badge.
 - 4.1.4 When student intern placements defined per DMH Policy #106.7 are submitted to HRB for final processing and appointment, HRB shall forward a copy of the volunteer's application to the DMHVC.

Program Responsibilities

- 5.1 DMH programs seeking to recruit, work with and/or terminate volunteers shall coordinate with the DMHVC to ensure proper procedures are followed.
 - 5.1.1 Each DMH program is responsible for the selection of volunteers for its program. DMH programs shall complete a written agreement between the volunteer and the supervisor of the volunteers that covers everything necessary to assure a clear understanding of expectations, roles and responsibilities of both the volunteer and the

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DMH program site. The agreement (Attachment IV) shall include, but not be limited to, the following:

- Service responsibilities and participation in training;
- Acceptance of the guidance of a supervisor;
- Established acceptable working hours;
- The requirement to follow DMH policies, regulations and rules;
- The requirement to notify the supervisor, in advance when possible, or in a timely fashion, of any absences and/or incidents of injury.

- 5.1.2 Ensure that the individual is fully qualified to perform the volunteer duties. Make appropriate ongoing training opportunities available to volunteers.
- 5.1.3 The DMH program shall forward a copy of the signed volunteer agreement to the DMHVC at the time the volunteer starts his/her assignment.
- 5.1.4 Assign staff to provide supervision for all volunteers at the facility.
- 5.1.5 Maintain files for volunteers containing all related documents.
- 5.1.6 Complete progress notes to provide a record of the volunteer and transmit the notes to the DMHVC to provide a record that can be consulted to provide referral information to prospective employers.
- 5.1.7 Complete yearly performance evaluation only for long term volunteers (more than six months). Evaluations shall be memos to volunteers' files recording the evaluation period, service contributions, capability ratings (competent, very good, outstanding) and comments regarding strengths and areas where improvement is needed. In all cases, the content of the evaluation must be discussed with the volunteer.
- 5.1.8 Report volunteer hours to the DMHVC on a quarterly basis.
- 5.1.9 Conduct an exit interview with the volunteer at the time of termination and submit Transfer/Termination Form (Attachment V) and the volunteer badge to the DMHVC.

Volunteer Responsibilities

- 6.1 Volunteers assume certain responsibilities when they agree to serve in this

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capacity. These include:

- 6.1.1 Report to their assignment at the time agreed upon and perform the contracted duties until the time agreed upon at the end of their day.
- 6.1.2 Perform only the assigned duties agreed upon with the supervisor and only under supervision.
- 6.1.3 Accept supervision from the designated DMH staff person.
- 6.1.4 Disclose their volunteer status to any consumer/family member with whom they come in contact during their volunteer duties.
- 6.1.5 Give their supervisor advance notice of planned absences and notify them of unplanned absences in a timely manner.
- 6.1.6 Complete all required documents.
- 6.1.7 Promptly inform their supervisor of the occurrence of any incidents, accidents or injuries to themselves or others during the course of their volunteer service.
- 6.1.8 Participate in training as directed by their supervisor.

Inadequate Service and/or Violation of DMH Policies

- 7.1 Disciplinary action for issues regarding performance or **with the supervisor** should be addressed in a meeting to discuss minor violations of policy and clarify expectations and any perceived problems.
- 7.2 Serious performance problems on the part of the volunteer may include, but are not limited to:
 - Violations of County of DMH policy or rules.
 - Unwillingness to comply with service agreement.
 - Gross inability to handle the assignment.
 - Personality conflicts.
- 7.3 Unacceptable work behavior of this nature constitutes grounds for dismissal.
 - 7.3.1 Serious performance problems of volunteers shall be discussed fully with DMH program management who are responsible for making decisions regarding the action to be taken.

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- 7.4 Acts by volunteers that constitute grounds for immediate dismissal include, but are not limited to:
- Acts that present a danger or threat to DMH employees, consumers or the public.
 - Acts of malice or gross negligence.
 - Acts or behaviors that constitute a liability to the County.
- 7.5 Notwithstanding the preceding subsections, nothing in this policy or any agreement between DMH and the volunteer shall prevent DMH, at its discretion, from ending the service of any volunteer at any time.

Incidents/Injuries

- 8.1 Incidents not resulting in injury: The volunteer should be interviewed for information concerning the incident or injury to determine if such incident or injury is covered under the Volunteer Insurance Program (See Section 9.1). If the volunteer is a minor, the parent or legal guardian must be consulted and be in agreement.
- 8.2 Incidents resulting in injury: In the event of a serious injury to a volunteer in the course of his/her assignment, paramedics or other emergency aid should be summoned to provide emergency treatment and/or transport to the nearest treatment facility. Under the Volunteer Insurance Program, the volunteer may obtain treatment at any facility. However, in that instance, the volunteer is responsible for payment of all charges.

Insurance/Risk Management

- 9.1 Volunteers are covered under a Volunteer Insurance Program which provides commercial excess medical expense reimbursement and liability insurance relating to general auto and medical malpractice.
- 9.2 Volunteers are indemnified by the County for third-party liability arising as a result of their activities as a volunteer, unless the volunteer's actions are fraudulent, malicious, criminal or outside the scope of the volunteers' assignment. **Volunteers are not indemnified for punitive damages.**
- 9.3 Volunteers working in a professional capacity such as a physician, registered or licensed vocational nurse or social worker who perform medical services to County consumers are covered for third-party professional liability under the County's Medical Malpractice Program. In no instance should volunteer

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services supplant County employees.

- 9.4 Volunteers driving vehicles in the course and scope of their DMH duties are insured under the County's Auto Liability Insurance Program for property damage or injuries sustained by other persons caused by negligence of the volunteer, unless the volunteer acts with malice, gross negligence, or is working outside the scope of his/her assigned duties. Volunteers who drive must possess valid California Driver's Licenses and comply with all California State Laws, including having current auto liability insurance.
- 9.5 Volunteers involved in auto accidents/incidents must report them to their assigned supervisor within 24 hours. These incidents must also be reported to the DMHVC.

Disaster Services Volunteers

- 10.1 The State of California and Los Angeles County have provisions for individuals to volunteer to provide emergency services in the event of disasters. State and County codes contain sections that stipulate State and County actions and responsibilities during a disaster, or state of war emergency. (Attachment VI)
- 10.2 County Policy provides that volunteers less than 18 years of age are eligible to be certified as Volunteer Disaster Services Workers. Registration must include a letter of parental or guardian consent and emergency medical release. Minor Volunteer Disaster Service Workers are to participate in low risk activities with full supervision.
- 10.3 Records must be kept of time worked by a volunteer during a disaster or state of emergency. Time reports shall be sent to the DMHVC to be compiled and maintained.
- 10.4 The DMHVC, in conjunction with the Department's Disaster Coordinator, is responsible for assuring that County volunteers who sign up to provide services during a disaster or emergency are registered with the Emergency Management Council. The DMHVC and DMH Disaster Coordinator will retain copies of the registration form and provide copies of the disaster/state of emergency form to the volunteer. The DMH Disaster Coordinator will provide the Public Disaster Volunteer listing to the Office of the Administrative Deputy, Disaster Services/Safety Programs.

Recognition Activities

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- 11.1 While, by definition, volunteers receive no financial remuneration for their services, it is important to formally recognize the importance of their contributions. Toward this end, DMH participates in the annual Los Angeles County Volunteer of the Year Recognition and Award Program.
- 11.2 In January of each year, DMH will select a Volunteer of the Year and submit his/her name to the Chief Administrative Officer as part of the Countywide Volunteer Recognition Program.
- 11.3 The DMHVC shall solicit nominations for the Countywide Volunteer Recognition Program throughout DMH, convene a selection committee to review the nominations and recommend the selection of the DMH Volunteer of the Year to the Director of Mental Health.
- 11.4 DMH encourages its staff to support the recognition of the Department's Volunteer of the Year by attending the annual Recognition and Awards Program.
- 11.5 DMH encourages programs to conduct local recognition events and honor their volunteers.

County Employee Volunteers in Countywide Programs

- 12.1 County employees may volunteer their services to the County as long as the work they perform as volunteers is outside their scope of duties as a County employee.
 - 12.1.1 Time sheets maintained for DMH employee volunteers should verify that the hours worked were outside of the hours during which the employee is regularly employed and specify that the work performed was voluntary and not paid.

County Volunteers in Private Not-for-Profit Programs

- 13.1 There are no restrictions for County employees performing volunteer work outside of their County employment.

Mutual Aid Agreements

- 14.1 DMH employees who provide a specific service to another governmental agency as part of a mutual aid agreement may volunteer to perform for that agency the same type of service for which they are paid by the County.

AUTHORITY: Los Angeles County Chief Administrative Office

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Los Angeles County Risk and Insurance Management Agency
Government Code, Section 3100 (Disaster Services Workers)
DMH Policy #106.7 "Student Placement in DMH Programs"

REVIEW DATE: This policy shall be reviewed on or before November 1, 2006.

ATTACHMENTS:

Attachment I	Volunteer Application
Attachment II	Oath of Confidentiality
Attachment III	Volunteer Information – Emergency Contact
Attachment IV	Volunteer Agreement
Attachment V	Notice of Termination or Transfer
Attachment VI	Disaster Services Worker Registration

**LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH
VOLUNTEER APPLICATION**

Placement:

(This Application is Confidential)

Mr.; Miss.; Mrs.; Ms.:		Birth Date:	
Name:		Social Security No:	
Address:		Phone No.	
City:	State:	Zip	
Name of Person To Notify In An Emergency:			
Address:		City:	Zip
		Phone No.	
Means of Transportation:		Calif.Drivers Lic. No.:	Exp. Date:
Automobile Insurance Carrier:		Exp. Date of Policy:	
Are You Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Work:	
Name of Employer:		Address:	Phone No.:
Previous Work Experience:			
Previous Volunteer Services (Community, Church, Other):			
Education: (Grade School, High School, College or University, Business School, Special Training, I.e., Nurse/Nurse Aid)			
CA License No.and/or Certificate No.		Date Issued:	Expiration Date:
Skills:	Do You Type?	Take Shorthand	Speak a Language Other Than English?
Which Language?	Write?	Read?	
Interests (Music, Crafts, Sports, etc.):			
Organization/School Affiliation:			
RECORD OF CONVICTIONS: A full disclosure of your record is to your advantage; your record does not constitute an automatic bar to employment. Factors such as age at the time of offense (s) and recency of offense(s) will be taken into account, as well as the relationship between the offense(s) and the volunteer position(s) for which you apply.			
Offense:		Date:	
Place:		Sentence/Fine	
Offense:		Date:	
Place:		Sentence/Fine	
Signature:		Date:	

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

VOLUNTEER OATH OF CONFIDENTIALITY

I, the undersigned, hereby agree not to divulge any information or records concerning any client/patient without proper authorization in accordance with California Welfare and Institutions Code, Section 5328, et seq.

I recognize the unauthorized release of confidential information may make me subject to a civil action under provisions of the Welfare and Institutions Code and Title 9, California Administrative Code, as follows:

W & I Code, 5330. (a) Any person may bring an action against an individual who has willfully and knowingly released confidential information or records concerning him or her in violation of this chapter, or of Chapter 1 (commencing with Section 11860) of Part 3 of Division 10.5 of the Health and Safety Code, for the greater of the following amounts:

- (1) Ten thousand dollars (\$10,000).
- (2) Three times the amount of actual damages, if any, sustained the plaintiff.

(b) Any person may bring an action against an individual who has negligently released confidential information or records concerning him or her in violation of this chapter, or of Chapter 1 (commencing with Section 11860) of Part 3 of Division 10.5 of the Health and Safety Code, for both of the following:

- (1) One thousand dollars (\$1,000). In order to recover under this paragraph, it shall not be a prerequisite that the plaintiff suffer or be threatened with actual damages.
- (2) The amount of actual damages, if any, sustained by the plaintiff.

(c) Any person may, in accordance with Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure, bring an action to enjoin the release of confidential information or records in violation of this chapter, and may in the same action seek damages as provided in this section.

(d) In addition to the amounts specified in subdivisions (a) and (b), the plaintiff shall recover court costs and reasonable attorney's fees as determined by the court.

As a condition of performing my duties as an volunteer of the Mental Health Department, I agree not to divulge to any unauthorized person any client/patient data information obtained from my facility by the Department.

I recognize the unauthorized release of confidential information may make me subject to a civil action under the provisions of the Welfare and Institutions Code, and may result in the termination of any offer of volunteer service.

Name (Please Print)

Unit Where Assigned

Signature

Date

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

VOLUNTEER INFORMATION – EMERGENCY CONTACT

DATE: _____		
NAME _____		
ADDRESS _____	CITY _____	ZIP CODE _____
(_____) _____ HOME PHONE	(_____) _____ OTHER PHONE	
<u>PERSON TO CONTACT IN CASE OF EMERGENCY:</u>		
NAME _____		RELATIONSHIP _____
ADDRESS _____	CITY _____	ZIP CODE _____
(_____) _____ HOME PHONE	(_____) _____ WORK PHONE	
<u>PHYSICIAN INFORMATION:</u>		
PHYSICIAN'S NAME: _____		
PHYSICIAN'S ADDRESS _____		
CITY _____	ZIP CODE _____	(_____) _____ PHONE #
YOUR BLOOD TYPE: _____		
<u>VOLUNTEER SERVICE SITE INFORMATION:</u>		
_____ FACILITY	(_____) _____ FACILITY PHONE	
FACILITY ADDRESS _____	CITY _____	ZIP CODE _____
SUPERVISOR _____		(_____) _____ PHONE #

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

VOLUNTEER AGREEMENT

The _____ agrees to accept the services of _____ beginning,
(DMH Program/Clinic) Name of Volunteer (Print)

_____ and commits to the following:
Name of DMH Supervisor/Manager

1. To provide adequate information, training, and assistance for the volunteer to be able to meet the responsibilities of his/her position.
2. To ensure diligent supervisory aid to the volunteer and to provide feedback on performance.
3. To respect the skills, dignity and individual needs of the volunteer
4. To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
5. To treat the volunteer as an equal partner with agency staff, jointly responsible for completion of the agency mission.

I, _____, agree to serve as a volunteer and commit to the following:
Signature of Volunteer

6. Keep confidential all information as required.
7. Refrain from publishing any data gathered during the volunteer assignment of disseminating commercial advertisements, press releases, opinions or feature articles without prior written consent of the Department.
8. Refrain from any type of solicitation or charging, requesting or accepting any fee, gift, reward or payment of any kind from individuals or staff for any services rendered as a volunteer.
9. Refrain from offering medical and/or legal advice and referral to individuals, even though I may be asked for such.
10. If I drive my car as part of my volunteer assignment, I will maintain a current driver's license and automobile liability insurance.
11. Report immediately any known or suspected incident of abuse to children, dependent adults, or elders, to a child protective services agency, the Elder Abuse Hotline, County Long Term Care Ombudsman or local law enforcement agency as well as to the Clinic/Program Manager and Volunteer Coordinator.
12. Refrain from performing duties other than those listed above. If I want to provide new or additional services, a new agreement must be completed.

13. Refrain from handling personal resources such as bank accounts, cash, checks, notes, mortgages, trust deeds, sales contracts, stocks, bonds, certificates or other liquid assets of individuals with whom you are working as a volunteer.
14. If my assignment is with a child, always carry my "Field Trip Authorization" form with me during activities.
15. Complete a report of my volunteer hours each month.
16. Always carry or wear my "Volunteer Photo Identification Card" when engaged in activities as a volunteer for DMH.
17. Contact the individual I am working for as a volunteer, or the Volunteer Coordinator whenever I cannot follow through with prearranged plans.
18. Contact the Clinic management or Volunteer Coordinator when any problems arise, i.e., if I or the individual with whom I am working is injured in the course of my volunteer assignment, or when I feel that changes need to be made in my assignment.

AGREED TO:

Signature of Volunteer Date

Signature of DMH Program/Clinic Manager Date

Retention:
3 yrs. After Volunteer is inactive

volunteer agreement 08/00

Distribution:
ORIGINAL: Program Section Personnel Folder
FIRST COPY: Volunteer
SECOND COPY: Volunteer's Office Personnel Folder

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

VOLUNTEER NOTICE OF TERMINATION OR TRANSFER

To: Department Volunteer Coordinator

From: _____
Employee's Name/Position

My last day of volunteering will be _____

Volunteer, _____ has been cleared of all assets.
Print Name

☐

I.D. Badge

☐

Parking Permit

OR

Volunteer is transferring to

Bureau/Division/Program Name

Beginning Date

Signature of Volunteer Date

Signature of DMH Manager Date

**PLEASE HAVE THE VOLUNTEER COMPLETE THE
FOLLOWING DMH VOLUNTEER EXIT INTERVIEW QUESTIONNAIRE**

**County of Los Angeles - Department of Mental Health
Volunteer Exit Interview Questionnaire**

We are always striving to improve the performance of our volunteer management system. We would appreciate your help in identifying areas in which we might do better. Please be as complete and honest as you can in answering the following questions—all of the information collected will be kept strictly confidential, but it will be utilized to ensure that others who volunteer will receive the best possible treatment.

Name of Volunteer_____
Date_____
Volunteered at (DMH Program/Clinic Site)_____
Start Date_____
End Date

Types of volunteer services provided:

1. _____
2. _____
3. _____
4. _____

Why are you leaving? (Check all that apply)

☐ Service accomplished☐ Moving to a new location☐ Need a change☐ Didn't like the tasks I was given☐ Didn't feel well utilized☐ Other time commitments☐ Other: _____

What did you like best about volunteering at DMH?

What suggestions would you make for changes or improvements?

Overall, how would you rate your DMH volunteer experience? (Circle One)

Terrible

1

2

3

Average

4

5

6

Great

7

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

VOLUNTEER DISASTER SERVICES WORKER REGISTRATION

The California Emergency Services Act requires that volunteers providing emergency services for the County of Los Angeles be registered in accordance with rules and regulations adopted by the California Emergency Council. The information on this form is needed to protect volunteer personnel, who contributed their services during emergencies.

Last Name First Name Middle Name

Home Address

Work Address Work Telephone Number

Emergency Contact – Name Address Telephone Number

Birth Date Social Security No. Sex/Age Height Weight Hair Color Eye Color

Driver's License No. State/Class Expiration Date Languages Spoken

Special Skills (computer, search & rescue, heavy equipment, ECT.)

Existing Health Problems (If none, write none) Restrictions (work hours, ETC.)

LOYALTY OATH OR AFFIRMATION (GOVT. CODE SEC. 3102)

I, _____, do solemnly swear (or affirm) that I will support
(Print Name of Volunteer)

and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury that the foregoing is true and correct. Taken and subscribed before

me on this _____ day of _____ 19

.....
Signature of Volunteer

_____, California
Signature of Authorized Official (Disaster Council
Member or Designate